

## Follow-up Tool

Case Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

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Follow Up Due Date: \_\_\_\_\_

*Please take immediate action on the item designated below. The follow up is necessary for the correct determination of FoodShare benefits. Please make sure follow up action is completed by the follow up due date.*

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Household composition is questionable/unclear. Please contact the client for additional information regarding \_\_\_\_\_

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An earned income discrepancy was identified. Please verify

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Shelter/utility is questionable or unclear. Please contact the client for additional information regarding \_\_\_\_\_

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Auxiliary needed for the FoodShare benefit month(s) of \_\_\_\_\_

The auxiliary is needed because \_\_\_\_\_

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Benefit recovery is needed for the FoodShare benefit month(s) of \_\_\_\_\_  
Please complete BVRF. \_\_\_\_\_

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Other: \_\_\_\_\_

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Return to supervisor when completed. Date Completed \_\_\_\_\_

Action Taken: \_\_\_\_\_

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ESS Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_